

This form contains confidential patient information and is subject to the health information privacy provisions set forth in [Chapter 70.02 RCW](#).

**Assignment of Independent Review Organization Form
Office of Insurance Commissioner
Washington State**

Instructions:

Pursuant to [RCW 48.43.535](#) and [43.70.235](#), this form shall be used by a complying organization (CO) [i.e., Health carriers as defined in [RCW 48.43.005](#), the Department of Social and Health service, and the Health State Health Care Authority] to report the assignment of an independent review organization (IRO) for an expedited or non-expedited independent review (IR).

[SEE IRO ASSIGNMENT INSTRUCTIONS on OIC website]

Please complete this form and send within three (3) days of IRO assignment via first class mail marked confidential to:

The Rates and Forms Division
ATTN: Carrier IRO Assignment
Office of Insurance Commissioner
PO Box 40225
Tumwater WA 98504-0255

If you have any questions regarding the filing of this form, please contact the Office of Insurance Commissioner; for disability insurers – (360) 725-7126;
for HMOs and HCSCs – (360) 725-7119

1. Complying Organization

Name _____
Address _____

2. CO's IRO Coordinator

Name _____
Address _____

Phone # _____
Fax # _____

3. Receipt of Request for IR

Date and time _____

4. Covered Person for whom IR is requested

Name _____
Address _____

Phone # _____

5. Reason Given for IR Request

6. Is this request for expedited IR? (check one) ☐ Yes ☐ No

7. Assigned IRO [\(View OIC Requirements\)](#)

Name _____
Certification # _____
Phone # _____

8. IRO Acceptance of Assignment

Date _____
Time _____
Time Zone _____

9. IRO used by health carrier for the previous IR, if any [\(View OIC Requirements\)](#)

Name _____
Certificate # _____

10. Reason, if any, for not selecting IRO in the appropriate order

Conflict of interest

Other

